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<i>10</i> . •	PATENT APPLICATION FEE DETERMINATION RECORD  Substitute for Form PTO PTO  Substitute for Form PTO PTO  Application of Information unless it displays a valid OMB control in the PTO							
-	500 Unit P (10-875				9-	Application or Docket Number 9-909194		
	CLAIMS AS FILED - PART I						-	
	FOR NUMBER FILED		(Column 2) NUMBER EXTRA	SMALL ENTITY	OR -	OTHER THAN SMALL ENTITY		
	10 (A) CFR 1.16(a))		TOMBER EXTRA	RATE FEE	4	RATE FEE	_	
	(37 CFR 1.16(c)) INDEPENDENT CLAIMS	minus 20 u	1.		OR			
	(37 CFR 1.16(b))	minus 3 =		-   x 3	OR .	x 8 =		
	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))			-   X S = -	OR 2	x s =		
	* If the difference in column			J L-1	OR .	· s =	$\int$	
	CLAIMS AS AMENDED - PART II			TOTAL	OR	TOTAL	]	
		umo 1)	(Column 2) (Column 3				l	
P	- / / DCM	AIMS AINING	IGHEST IUMBER PRESENT	SMALL ENTITY	OR	OTHER THAN SMALL ENTITY	l	
	Z Total Total	IDMENT PR	EVIOUSLY EXTRA	TIONAL		RATE ADDI-		
- 1	O (37 CFR 1.(6(c)) Z independent	3 Minus "	25 -	x ; 25 : FEE	<u> </u>	TIONAL FEE		
	Σ		3 1.	x s/00 =		<u>50</u> .		
F	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			+1/80=		200.		
	4.Z7.0S			TOTAL	TOTA	360. AL		
	CLAIR	us (Co	HEST (Column 3)		AUD1	I FEE		
DMENT	REMAIN AFTE AMENDA	R PREVI	MBER PRESENT	RATE ADDI-	RA	ITE ADD		
Ì	Total (31 GFR 1.16(cf)	3 Minus "	FOR = G	TIONAL		ADDI- TIONAL FEE		
AMEN	independent (37 CFR (_16(b))	Minus	3 - 2	x:25:	R x 1,5			
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))		(37 CFR 1,16(d))	X \$ 100= OI	R x:21	20=		
1				+\$/BD= OF	TOTAL	O <sub>z</sub>		
	(Column 1	) (Colum	n 2) (Column 3)	ADD'L FEE OR	ADDLF	EE		
F	CLAIMS REMAININ AFTER	G HIGHE	ST PRESENT	0.50				
AMENDMENT	Total Total Total Total	VT PREVIOL PAID FO	OR EXTRA	RATE ADDI- TIONAL FEE	RATE	ADDI- TIONAL		
	ndependent • 37 CFR 1.16(b))	Minus ···		x \$ 25 = OR	1.50	FEE		
₹,				x s/DD= OR	x : <u>50</u>	<del></del>		
				+\$/80= OR	+34			
. n .	the entry in column 1 is less to the "Highest Number Previous	han the entry in column 2	write 30° in	TOTAL	TOTAL ADD'L FEE	<del></del>	-	
" If (	the "Highest Number Previous he "Highest Number Previous he "Highest Number Previous e e "Highest Number Previous e e e e e e e e e e e e e e e e e e e	By Paid For IN THIS SPA Ty Paid For IN THIS SPA	CE is less than 20, enter	20".		·		

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to fite (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.